00		PART B	- FEE(S) TRA	NSMITTAL			
Complete and semiliais form, together with applicable fee(s), to: Mail				P.O. Box 1450			
JUN 0 9 2006	w)		or Fax	Alexandria, Virg. (571)-273-2885	inia 22313-1450		
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22928 7590 03/07/2006				Cer	Certificate of Mailing or Transmission		
CORNING INCORPORATED SP-TI-3-1 CORNING NV 14831				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CORNING, NY 14831 06/12/2006 WABDELR3 00000067 033325 10659523				SUETLANA Z. SHORT (Depositor's name)			
01 FC:1501 1400.00 DA				Suffance Shift (Signature)			
02 FC:1504 300.00 DA					6/7/0	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/659,523 09/09/2003 Phong Diep				SP02-219 4728			
TITLE OF INVENTION: DEVICES AND METHODS FOR RAMAN AMPLIFICATION AND DISPERSION COMPENSATION							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/07/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
DIACOU, ARI M		3663		359-337500	-		
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Change of correspondence address (or Change of Correspondence or agents Of				Itematively,			
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CORNING, NY 14831							
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government							
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Authorized Signature _	Suft			Date	6/7/06		
Typed or printed name SUETLANA Z. SHORT Registration No. 34,432							
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